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REVOCATION OF POWER OF ATTORNEY and APPOINTMENT OF NEW POWER OF ATTORNEY

Application Number	10/625,932
Filing Date	August 7, 2003
First Named	Todd Edmunds
Art Unit	
Examiner Name	
Attorney Docket Number	34756

I hereby revoke all previous powers of attorney given in the above-identified application:

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners at Customer Number: 23589

☒ Please change the correspondence address for the above-identified application to:

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I am the:

☒ Applicant/Inventor

☐ Assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37CFR 3.73(b) is enclosed (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	Todd Edmunds
Signature	
Date	2/25/04

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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